

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 046 ****70.00

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1. Entity Name

COMMUNITY BACK TO SCHOOL BASH, INC.



Principal Place of Business

Mailing Address

C/O ADOPT-A-FAMILY OF THE PALM BEACHE
1712 SECOND AVENUE NORTH
LAKE WORTH FL 33460

C/O ADOPT-A-FAMILY OF THE PALM BEACHE
1712 SECOND AVENUE NORTH
LAKE WORTH FL 33460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1141522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTISCH, HARREEN
C/O LEGAL AID SOCIETY OF PALM BEACH CO.
423 FERN STREET, STE. 200
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature; typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **TIPPETT, WENDY**
STREET ADDRESS **1712 2ND AVE N**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **DP** ☒ Change ☐ Addition
NAME **Georgia Rose**
STREET ADDRESS **1712 2nd Ave N.**
CITY-ST-ZIP **Lake Worth, Florida 33460**

TITLE **VD** ☐ Delete
NAME **SWINDLER, JULIE**
STREET ADDRESS **1720 E TIFFANY DR SUITE 101**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **BERTISCH, HARREEN**
STREET ADDRESS **423 FERN ST STE 200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **ROSE, GEORGIA**
STREET ADDRESS **1712 2ND AVE N**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **DS** ☒ Change ☐ Addition
NAME **Stephanie Saraco**
STREET ADDRESS **NCCI Holdings, Inc.**
CITY-ST-ZIP **901 Peninsula Corporate Circle**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harreen Bertisch

5/31/06

561-655-8944